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SRS Approval: 2/26/74

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 1.1-A  
MEDICAL ASSISTANCE PROGRAM

State of Hawaii

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

Department of Social Services and Housing is the  
single State agency responsible for:

☒ administering the plan.

The legal authority under which the agency administers  
the plan on a Statewide basis is:

Sections 26-14, 346-7 and 346-14, Hawaii Revised Statutes,  
as amended by Act 219, Session Laws of Hawaii, 1974.  
(statutory citation)

☐ supervising the administration of the plan by local  
political subdivisions.

The legal authority under which the agency supervises  
the administration of the plan on a Statewide basis is  
contained in

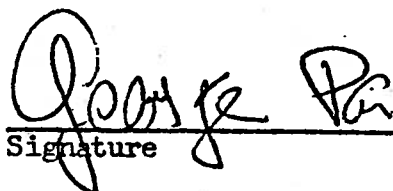
\_\_\_\_\_  
(statutory citation)

The agency's legal authority to make rules and regulations  
that are binding on the political subdivisions administer-  
ing the plan is

\_\_\_\_\_  
(statutory citation)

January 3, 1974

DATE

  
\_\_\_\_\_  
Signature

Attorney General of Hawaii  
\_\_\_\_\_  
Title

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 1.2-A

State of HAWAII

ORGANIZATION AND FUNCTIONS OF STATE AGENCY

The Department of Social Services and Housing, established by Section 26-14, Hawaii Revised Statutes, is a multi-service organization. It is designated the State agency to plan, promulgate rules and administer economic assistance, social, rehabilitation and related programs on a state-wide basis. The Departmental Administration, of which the Office of the Director is part, provides administrative direction and controls for the coordinated operation of departmental programs. It furnishes staff services to aid operating divisions (described below) in carrying out and achieving their respective program objectives.

1. Criminal Injuries Compensation Commission

It provides for compensation to victims of certain crimes, or the dependents of deceased victims and for indemnification of private citizens for personal injury or property damage suffered in the prevention of crime or apprehension of a criminal.

2. Board of Paroles and Pardons

As the title of this organizational unit implies, its chief function is to establish rules and regulations under which a prisoner may be paroled and placed in the legal custody and control of the board until discharged. Attached to this board is an administrative unit which provides case histories of prisoners for board study and maintains contacts and records of paroled prisoners.

3. Hawaii Housing Authority

The primary function of this agency is to develop and manage public housing projects for families and elderly individuals whose income and resources are too limited to obtain adequate housing from the private rental market.

4. Corrections Division

In general, the functions of this division, through its six branches, are to provide for the care and custody of adult and youth offenders and to furnish multiple services all of which are directed toward the rehabilitation of such offenders.

5. Public Welfare Division

This division establishes programs and standards, and promulgates rules necessary to administer the income maintenance, food stamp and social service programs. Statewide administration and management of these programs are coordinated and maintained by eight branches of the division. Four of these are at the local level which provide direct aid and services to eligible individuals and families.

The division also develops plans with other public and private agencies for the prevention and treatment of conditions giving rise to public welfare problems

State of HAWAIIORGANIZATION AND FUNCTIONS OF STATE AGENCY6. Vocational Rehabilitation and Services for the Blind Division

This division plans and administers, in accordance with the Federal Vocational Rehabilitation Act, a program of vocational rehabilitation of individuals whose physical, mental or visual disability constitute substantial barrier to employment. It provides diagnostic, restorative and other related medical services as well as training, guidance and employment placements.

7. Health Care Administration Division

This division is responsible for the medical assistance program in accordance with Title XIX of the Social Security Act and the provisions of Section 346-59, Hawaii Revised Statutes. It establishes standards, rules and works cooperatively with public and private providers of health care services to assure quality service to eligible recipients.

8. State Intake Service Center

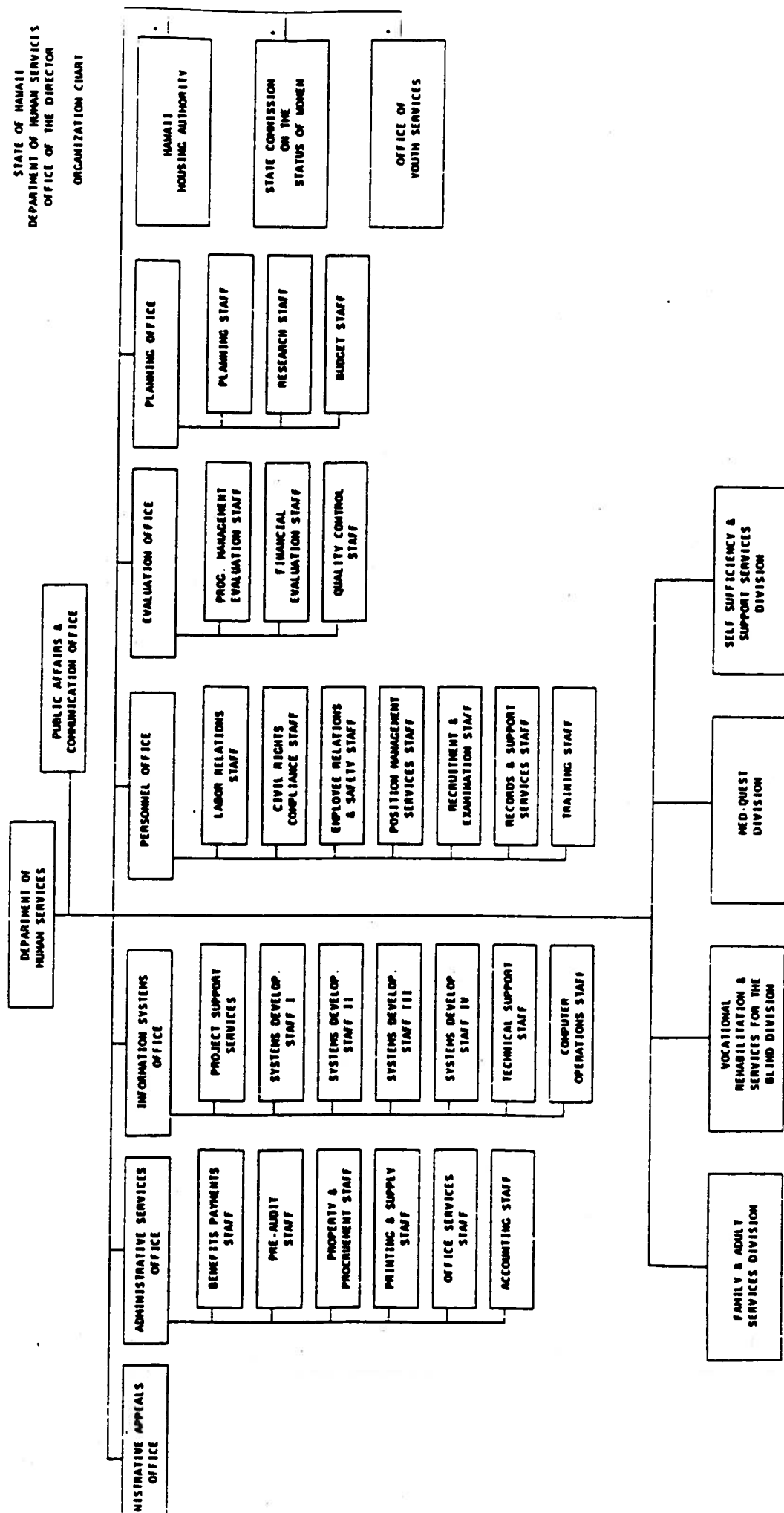
The Intake Service Center provides intake assessment and supervision services to persons on pretrial status in Hawaii's criminal justice system. In cooperation with the Corrections Division, it also provides classification and related services to convicted misdemeanants and felons.

9. State Commission of Status of Women

This office serves as clearinghouse and coordinating body for activities and information relating to the status of women in Hawaii. It assists in the formulation of long-ranged goals and coordinates the research and planning activities relating to needs, problems and contributions of women.

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REC'D RO	SUPERSEDED BY TRANSM # <u>      </u>
APPROVED <u>6-10/1/87</u>	EFFECTIVE <u>      </u>

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF THE DIRECTOR  
ORGANIZATION CHART



+ = ELEMENTS ATTACHED TO DHS FOR ADMINISTRATIVE PURPOSES

AR 16, 1994  
DHS

TN. No. 94-014  
Supersedes  
TN. No. 86-90

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**MED-QUEST DIVISION**  
**FUNCTIONAL STATEMENT**

**DIVISION ADMINISTRATION**

Under the direction of the Department Director, the Division Administration provides overall management of the plans, policies, regulations, and procedures of the Department's medical assistance program. Basic authority for the operations of the Division is vested in the Office of the Administrator which is responsible for organizing, directing, coordinating, evaluating, and maintaining an organization that will ensure accomplishment of the objectives of the Division.

1. Prescribes overall Division operational plans including organization of tasks relationships, priority setting, allocation of resources, formulation and implementation of Division policies and procedures. Ensures compliance with state and federal laws, regulations and policies of the Department.
2. Prescribes Division performance definitions, criteria and standards and evaluates performance of Division's branches and operating units.
3. Provides direction in development and implementation of employee training and staff development.
4. Develops the Division's operating budget and exercises fiscal control of all funds allocated to the Division.
5. Devises and effects changes through periodic reviews and studies of operational policies, procedures, work sites and organizational structures.
6. Provides channel of coordination and communication within Division organization and resolves major conflicts between and among operating entities of the Division.
7. Develops, implements, and maintains reporting systems for purpose of management controls and other required reports.
8. Develops and maintains inter-department and intra-department agreements.

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9. Develops and maintains working relationships with health plans, providers, federal and state authorities, community agencies, client advocacy groups and others.
10. Provides staff support services to the Medical Assistance Advisory Committee.
11. Provides staff assistance and information to the Director's Office and in handling complaints.
12. Administers the Community Long Term Care and other waiver projects.
13. Develops, implements and maintains public information programs and activities to promote and provide information on the State's medical assistance programs.

**FINANCE OFFICE**

Under the direction of the head of the Division Administrator, the Finance Office coordinates, manages, and administers the Division's fiscal and budget activities for all medical assistance programs.

**Fiscal Section**

1. Serves as the Division's principal staff resource on fiscal activities.
2. Serves as the Division's representative and liaison in fiscal matters and coordinates the Division's fiscal activities with the Department.
3. Develops, implements and maintains standard accounting procedures for the Division in accordance with State and federal accounting policies and procedures.
4. Develops, implements and maintains an accounting system for all medical assistance programs.
5. Develops, implements and maintains Division fiscal policies in accordance with state and federal policies regarding materials procurement and general contracting.

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6. Develops, implements and maintains policies and procedures for billing and collecting premiums from medical assistance recipients. Ensures billing and collection policies are consistent with federal and state laws, state rules, accounting policies, and Division program objectives.
7. Prepares billings for the collection of premiums, collects moneys, records payments to individual accounts, and reconciles balances. Recommends disenrollment of individuals if recipients fail to pay their premiums.

**Budget Section**

1. Serves as the Division's principal staff resource on budget planning, execution and monitoring. Advises and provides technical assistance to Division personnel on the preparation of program and financial plans and budget requests, variance reports, program structure, Federal revenue estimates and expenditure plans.
2. Serves as the Division's representative and liaison in budget matters and coordinates the Division's budget activities with the Department.
3. Coordinates overall budgeting for the Division by providing guidance to Division personnel regarding State and federal budgeting policies and procedures.
4. Coordinates, reviews, analyzes, evaluates and makes recommendations on the Division's multi-year program and financial budget requests, and variance reports and consolidates the Division's budget package for submittal to the Director.
5. Coordinates preparation and submittal of budget testimony to legislative committees relating to the medical assistance programs.
6. Develops and prepares budget-related reports for the Division.
7. Conducts program budget analysis and develops alternatives of resource allocations for managers and program administrators.

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Third Party Liability Section

1. Develops and maintains Third Party Liability (TPL) guidelines for medical assistance programs, and coordinates with, the FASD, Med-QUEST Eligibility Branch and Training Staff, and the Administrative Services Office/Benefit Payments Section on implementing any changes.
2. Conducts investigation on complaints received by the public to ensure that available TPL benefits are recovered and coordinates with the State Attorney General's Office on any fraud or abuse activities.
3. Reviews medical expenditures paid to providers for medical services rendered to DHS recipients. Contacts the recipient and determines if expenditures are related to the accident.
4. Monitors the TPL subsystem by providing sample audits of claims within the fiscal agents system and seeks changes based on those results.

Provider Tax Section

1. Develops and maintains audit programs for the Department's Provider Tax Program.
2. Conducts audits statewide of Acute and Long Term Care Facilities and maintains audit workpapers and documentation.
3. Develops, implements and maintains policies and procedures for collecting Provider Tax revenue for the Department.
4. Reviews and determines accuracy of tax information received on a quarterly and yearly basis. Contacts the taxpayers on any discrepancies and assess any penalties and/or interest in compliance with state laws.
5. Prepares financial reports to management regarding the collection and investment activities of the Provider Taxes.

SYSTEM OFFICE

1. Serves as the Division's principal staff resource on information systems planning, development, and maintenance.

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2. Directs and controls all information systems matters within the Division and coordinates activities with the Department's Information Systems Office.
3. Develops, implements and maintains Division procedures, policies, and procedures for information systems planning, development, and maintenance. Develops and issues all Division policy and procedural manuals regarding information systems planning, development, and maintenance.
4. Receives project requests, priorities requests and provides technical and project management expertise on systems projects.
5. Conducts information systems analyses and assists in the documentation of the systems requirements. Assists the users in evaluating alternative solutions.
6. Assists Division staff in contracting information systems projects. Prepares request for proposals and contracts and serves as a technical resource in monitoring the contractor and evaluating the project.
7. Modifies and/or coordinates information systems modifications. Conducts information systems tests and assists the users in information systems acceptance testing.
8. Develops and issues Advance Planning Document and Request for Proposals for procurement of information systems consulting services, computer supplies, and equipment from vendors.
9. Assists health plans on technical issues related to data transmission between the plans and the State.
10. Manages the local area network, communications equipment, hardware, and software used in the Division. Develops security guidelines consistent with the Department and ensures the Division's information systems meet existing ICSD and Department Standards.
11. Administers and coordinates the use, implementation, and monitoring of the Medicaid Management Information System (MMIS) and other automated System Performance Reviews (SPR), including Medicaid related electronic data processing system at Information System Office (ISO), Planning Office (PLNG) and the Fiscal Intermediary.

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**TRAINING OFFICE**

1. Formulates, develops, and monitors an overall training strategy for the division and coordinates the preparation of the Division's training plan.
2. Plans, develops, conducts, and/or coordinates generic and specialized staff development and training programs for the Division in accordance with existing state statutes, rules, regulations, and Department of Human Services policies and procedures. Training topics include: medical assistance determination, information systems, managed care, and other issues related to medical assistance programs.
3. Assesses training needs of Division personnel and locates resources to meet the needs.
4. Evaluates results of all Division training programs and makes changes as appropriate.
5. Advises Division personnel on relevant training and development matters.
6. Provides consultative services to supervisory and administrative staff on matters pertaining to development and conduct of training programs.
7. Serves as a clearinghouse for training information and disseminates relevant information to Division personnel.
8. Coordinates with the Policy and Program Development Office to keep abreast of current trends which will create additional training needs.
9. Gathers feedback on training programs from Division personnel and comments on additional training needs related to Division operations.

**POLICY AND PROGRAM DEVELOPMENT OFFICE**

This office is responsible for providing staff support and assistance to the Division in the establishment and maintenance of short and long-term goals and objectives, policies related to medical assistance programs, and new programs.

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CLERICAL SUPPORT

Provides stenographic, clerical, and typing services for all segments of the organization.

PLANNING AND PROGRAM EVALUATION STAFF

Under the general direction of the head of the office, the Planning and Program Evaluation Staff is responsible for identifying, developing, evaluating and revising medical assistance programs. The Staff also develops strategies and action plans for new programs.

1. Translates the mission or purpose of the Division's programs into long-range plans, operational plans and objectives, and measures of effectiveness. Recommends priorities. Periodically reviews the Division's plans and measures of effectiveness and makes adjustments as necessary.
2. Formulates plans and strategies including contingency plans and strategies to achieve established objectives within the allocated resources.
3. Monitors and analyzes county, state, and federal legislation to identify new program requirements. Formulates strategies and action plans for implementing new program requirements.
4. Researches, plans, develops, and implements new and innovative medical assistance programs. Coordinates with public and private organizations with varying types of medical assistance programs servicing the same target population. Coordinates with appropriate organizations to obtain funding for the new and innovative programs.
5. Recommends policy and administrative changes which would provide for greater simplicity, equity, and cost effectiveness of programs in achieving objectives.
6. Develops a performance reporting system to monitor and evaluate medical assistance programs. Assesses the effectiveness of ongoing programs and conformance to plans, policies and standards by reviewing progress reports, statistical reports, conducting field studies, and planned onsite formal reviews. Develops corrective action plans.
7. Reviews the rules and regulations implemented under medical assistance programs to assure compliance with Federal and

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State regulations.

8. Identifies and applies for federal grant monies and other sources of funding.
9. Provides input and technical assistance for preparing non-budget legislative testimony relating to the medical assistance programs. Prepares legislative testimony for the Division Administrator and testifies before the legislature when necessary.
10. Maintains a schedule of legislative hearings and informs and reminds staff of hearings.
11. Provides program input to the Department's automated information system relative to the overall Medical Assistance Programs.
12. Coordinates with the Financial Analysis Section in planning, developing and implementing internal and external cost containment measures.
13. Submits statistical data, program performance reports, and other management reports relative medical assistance to the appropriate segments of the Department.

**POLICY DEVELOPMENT STAFF**

Under the general direction of the head of the office, the Policy Development Staff is responsible for developing Division Policies related to medical assistance programs. The Staff develops, maintains and amends the State Medicaid Plan, rules, and Division procedures.

1. Develops and maintains the State Medicaid Plan as required by Title XIX of the Social Security Act.
2. Develops and maintains statewide eligibility requirements for medical assistance programs.
3. Coordinates the rules development and promulgation functions of the various programs of the Division.
4. Develops, monitors, and evaluates interagency agreements with other state agencies and programs.
5. Writes, amends, and repeals Division's rules and regulations

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in conformance with requirements of the Hawaii Administrative Procedures Act. Responds to written testimony provided at public hearings when written responds is requested.

6. Assists the Attorney General's Office in preparing replies to court suits filed against the medical assistance programs. Answers depositions and interrogatories filed in court suits. Prepares and signs affidavits which state the Division's position in court suits.
7. Assists line staff to defend the Division's decision to reduce or terminate medical assistance when the Division's decision is appealed.
8. Develops and implements policies and procedures governing medical assistance for state and county pensioners under Chapter 346 and Section 88-4, HRS.
9. Coordinates eligibility policy and procedural interpretations, training and technical assistance, and other field services with the Food Stamp and Financial Assistance Programs.
10. Develops, implements, and evaluates reimbursement regulations, methodologies, rates for health care services, supplies and equipment purchased on behalf of Medicaid recipients.
11. Coordinates with other Division segments to gather relevant data to facilitate the establishment of Division policies.
12. Coordinates with community organizations and groups to interpret program and Division rules and develop policies based on them.
13. Coordinates with federal representatives who provide consultation and interpretation of federal regulations and rules.

**ELIGIBILITY BRANCH**

Under the direction of the Med-QUEST Division Administrator, the Eligibility Branch is responsible for implementing the statewide program for eligibility determination and program enrollment related to the State's medical assistance programs.

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**ELIGIBILITY HOTLINE OFFICE**

1. Operates an eligibility hotline to answer questions relating to eligibility, benefits and coverage.
2. Answers questions from health care facilities related to the coverage status of individuals within the medical assistance programs.
3. Serves as a resource of information for individuals interested in applying for medical assistance.
4. Refers callers as necessary, to the appropriate source of information or assistance.
5. Coordinates with other governmental agencies to assure appropriateness of referrals.

**EAST HAWAII, WEST HAWAII, MAUI, KAUAI SECTIONS**

1. Evaluates individual cases to determine initial and on-going medical eligibility.
2. Enrolls eligible individuals in the QUEST program.
3. Interviews applicants and obtains eligibility information and assists in the completion of the required forms.
4. Maintains member, Medicare and TPL files.
5. Reviews and determines cases for disability application and on-going need for disability eligibility.
6. Provides educational and informational sessions to the public related to the various medical assistance programs. Encourages prospective applicants to initiate the application process.
7. Resolves member problems related to changing health plans. Directs member problems related to access to care or quality of care to the Medical Standards Compliance Section. Assists in the filing of recipient grievances.
8. Investigates the eligibility status of recipients who appear to be ineligible for the medical assistance programs in accordance with established policies and procedures and the applicant's right to confidentiality.

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**OAHU APPLICATIONS SECTION**

1. Evaluates individual cases to determine medical eligibility.
2. Enrolls eligible individuals in the QUEST program.
3. Interviews applicants and obtains eligibility information and assists in the completion of the required forms.
4. Reviews and determines cases for disability eligibility.
5. Provides educational and informational sessions to the public related to the various medical assistance programs. Encourages prospective applicants to initiate the application process.

**OAHU ON-GOING SECTION AND UNITS**

1. Evaluates individual cases to determine continued medical eligibility. Adjusts benefits (e.g., increase or decrease premium share amount) based on available resources.
2. Issues eligibility review forms, interviews applicants to update eligibility information and assists in the completion of the required forms.
3. Resolves member problems related to changing health plans. Directs member problems related to access to care or quality of care to the Medical Standards Compliance Section. Assists in the filing of recipient grievances.
4. Maintains member, Medicare and TPL files.
5. Reviews and determines cases for on-going need for disability eligibility.
6. Receives complaints and assists clients in applying for fair hearing. Processes fair hearing reports and participates in hearing.
7. Obtains facts regarding suspected fraud, prepares reports, and testifies in court, if necessary.
8. Investigates the eligibility status of recipients who appear to be ineligible for the medical assistance programs in accordance with established policies and procedures and the applicant's right to confidentiality.

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HEALTH COVERAGE MANAGEMENT BRANCH

Under the direction of the Med-QUEST Division Administrator, the Health Coverage Management Branch manages and carries out the State's QUEST Program, as authorized by a waiver under Section 1115 of Title XIX of the Social Security Act, and the Aged, Blind and Disabled Program.

CLERICAL SUPPORT

Provides stenographic, clerical, and typing services for all segments of the organization.

HEALTH PLAN RELATIONS SECTION

The Health Plan Relations Section is responsible for developing and monitoring relationships with current and prospective Health Plans participating in the QUEST program.

1. Maintains liaison between state and health plans participating in the QUEST program.
2. Administers and coordinates all aspects of contract development and negotiation.
3. Coordinate/direct activities relating to issuance of the RFP and monitoring of contracts with health plans.
4. Coordinates with other Med-QUEST branches and sections to establish/revise minimum qualifications and service delivery standards.
5. Coordinates the development and implementation of the statewide procedures for monitoring the health plans participating in the QUEST program.
6. Works with health plans interested in participating in the QUEST program. Assists with organizing and becoming sanctioned under the QUEST program.
7. Maintains communication with the health plans relating to emerging legislative trends, new programs, changing program objectives and goals, new health plan sanctions, and other matters.

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FINANCIAL RISK ANALYSIS SECTION

The Financial Risk Analysis Section is responsible for analyzing health plan financial information to assess the risks associated with the plan's participation in the QUEST program.

1. Assesses financial feasibility of provider bids to determine levels of financial risk.
2. Establishes the criteria and procedures to be used to evaluate the financial viability of plans submitting bids and to monitor the financial performance of participating plans. Determines information reporting requirements; develops forms, procedures and instructions; establishes reporting timetables; and recommends sanctions. Prepares and maintains documentation of plan financial reporting requirements.
3. Monitors the financial performance of participating plans. Reviews financial information submitted by the plans. Calculates financial ratios and other measures used to evaluate financial performance. Compares plan performances to other plans and industry standards. Determines whether sanctions should be assessed and/or whether plans should be evaluated more frequently. Recommends action on health plans not meeting the state's minimum financial standards.
4. Coordinates with the Planning and Program Development Office in planning, developing and implementing internal and external cost containment measures.

RESEARCH SECTION

The Research Section is responsible for planning, directing, conducting, and coordinating statistical reporting and social research for the QUEST program.

1. Plans, directs, conducts and coordinates research to evaluate the effectiveness of the QUEST program and to test the project hypotheses. Reviews program objectives, identifies appropriate research approaches and designs research projects (e.g., interviews, survey, record analysis, data analysis, etc.) to effectively evaluate the program.

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2. Coordinates with other Med-QUEST personnel to define a standard data set to evaluate the QUEST program. Defines data, establishes collection mechanisms and documents data collection standards for the plans. Evaluates classification and reporting difficulties and develops alternative collection procedures to minimize data reporting differences.
3. Compiles and maintains all data files on the QUEST program. Designs and conducts analytical tests to assure the validity of the data collected on the QUEST program. Edits and updates data files as necessary. Develops and recommends procedures, methods, and requirements to maintain or increase integrity of data, and data bases.
4. Analyzes and interprets data and identifies trends and patterns related to, but not limited to recipients, cost, quality of service, utilization of services and customer satisfaction. Investigates differences between plans, clients, and providers and determines whether data collection and analysis can explain differences.
5. Coordinates collection of enrollment and roster data for health plans and QUEST program contractors.

**MEDICAL STANDARDS BRANCH**

Under the direction of the Med-QUEST Division Administrator, the Medical Standards Branch develops and maintains the statewide standards for care provided under State's medical assistance programs.

**CLERICAL SUPPORT**

Provides stenographic, clerical, and typing services for all segments of the organization.

**MEDICAL STANDARDS DEVELOPMENT SECTION**

The Medical Standards Development Section is responsible for developing the standards for quality medical care by identifying, collecting and analyzing relevant data provided by the Division's various programs.

1. Develops, implements and maintains statewide standards for care provided under the State's medical assistance programs.

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2. Monitors medical, dental, and mental health services provided under the various medical assistance programs.
3. Develops, implements and maintains standards for training, supervision and experience qualifications for medical care providers involved in the State's medical assistance programs. Coordinates with appropriate Division branches to ensure uniform and consistent application of standards.
4. Coordinates with other Division segments to identify and develops changes in the statewide medical standard for care provided under the medical assistance programs.
5. Monitors county, state and federal legislation to identify changes in the standards for medical care provided under the medical assistance program.
6. Conducts, reviews, and determines cases for prior authorization for services in the health care specialties of medicine, psychiatry, dentistry, pharmacy and other related health care services for ABD program.
7. Develops, implements, and monitors statewide policies and procedures for member, provider and contractor grievance investigations and adjudication related to the quality of care provided under the medical assistance programs.
8. Oversees, reviews, and approves all grievance procedures adopted by plans, program contractors and other agencies.
9. Conducts reviews of pre and post payment of health services claims referred by the Fiscal Intermediary, Office of the Administrator and other referrals.
10. Serves as the Division's representative to professional peer review committees, departmental fair hearings and appeals and court hearings.

**MEDICAL STANDARDS COMPLIANCE SECTION**

The Medical Standards Compliance Section is responsible for ensuring that the Division's quality standards are upheld. The Section monitors the quality of medical care by defining, collecting, and analyzing health plan data.

1. Monitors care provided by health care providers to ensure compliance with Federal and State laws and regulations.

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2. Establishes and monitors measures of quality in accordance with the established HCFA and professional guidelines.
3. Develops regulations and implement policies and procedures relating to long-term quality control and assurance requirements.
4. Renders technical assistance and monitoring of long-term care nursing facilities according to Federal and State requirements.
5. Develops, implements, and coordinates a system of management control and tracking of Medicaid fraud and abuse including the enforcement of contractual agreements with participating providers and works closely with the Attorney General's Office.
6. Develops, implements, and monitors the recipient lock-in and provider lock-out programs.
7. Conducts utilization reviews and reviews other submitted data (outcomes) to evaluate quality of care.
8. Serves on utilization review teams including inspection of care of participating hospitals, clinics and other non-institutional providers.
9. Tracks the number of catastrophic care cases handled, as well as the type of care, quality of care, cost, and outcome of each case to determine the effectiveness of the catastrophic care program.
10. Works with health care consultants to evaluate the services provided by the health plans participating in the medical assistance programs.
11. Reviews recipient complaint forms for accuracy and completeness. Identifies additional data needs as necessary.
12. Reviews client records, client surveys, etc. to evaluate the quality of service in line with established quality measures (patient outcomes, patient mortality, non-fatal complication rates, functional status, return to work rates, and quality of life).

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13. Ensures development, implementation and maintenance of comprehensive internal quality assurance systems by all providers participating in the medical assistance programs, in line with federal regulations and standards. Assists providers in clearly defining: clinical areas to be monitored, use of quality indicators, clinical care standards and practice guidelines, analysis procedures, implementation of remedial/corrective actions, monitoring of remedial/corrective actions, and record keeping standards.

**COMMUNITY LONG TERM CARE BRANCH**

The Community Long Term Care Branch develops, plans policies and procedures, sets standards, implement and provides overall management of the NHWW program and maintains appropriate Medicaid waivers and other non-Medicaid programs required to provide home and community-based long term care services.

1. Conducts research, analysis and evaluation of the Nursing Home Without Walls program.
2. Obtains medical consultation for the Nursing Home Without Walls staff as required for provision of patient care, development of program protocols, continuing education, and resolution of medical questions, problems and emergencies.
3. Analyzes the educational and developmental requirements of program staff and patient care providers (staff and contractual, professions, paraprofessional and informal) and develops curricula, certification and performance standards to meet these requirements.
4. Coordinates and completes all procedures necessary to provide, evaluate and report on training programs.
5. Assures that all initial, ongoing and special Medicaid eligibility requirements for patients served by Nursing Home Without Walls are maintained.
6. Assures availability of providers of all services utilized by the programs; negotiates contract with vendors of medical and home and community-based services.
7. Monitors and assures quality of services provided by professional, paraprofessional and informal service providers.

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8. Reviews provide service claims and charges to determine compliance with agreements and procedural requirement; coordinates payment and allocation of service costs.
9. Establishes and maintains all policies and procedures for intake, assessment, care planning, service delivery, monitoring, evaluation, discharge and overall case management for patients of the program.
10. Works with providers from other agencies to coordinate referrals and services received by patients of the program.
11. Provides all clerical and office support for the Nursing Home Without Walls staff including reception, typing, duplicating, filing, mail service, messenger service, stenography, supply and equipment inventory services, personnel, payroll and assignment procedural requirements and general clerical support.
12. Develops and maintains cost-effective home and community-based long term care programs to meet the service needs of the non-Medicaid target populations authorized by state statute.

**Staff Service Office**

Provides clerical support services for statewide community long term care services as they relate to telephone and receptionist duties; filing systems development and maintenance; stenographic and clerical supervision and support; mail and correspondence control; supplies, equipment and space procurement and maintenance, transportation and per diem arrangements; duplicating and production; typing requirements of the program; computerized data input and extraction; fiscal and statistical support; records control; reports generation; and related clerical functions.

**Program Operations Section I**

1. Implements and provides community long term care services in the City and County of Honolulu.
2. Monitors and assures compliance with the requirements of federally approved waivers, state contracts, rules and procedures for the provision of community long term care services in the City and County of Honolulu.

**TN No. 94-014**

**Supersedes**

**TN No. 86-90**

**Approval Date** DEC 16 1994 **Effective Date** AUG 1 1994

**ATTACHMENT 1.2-B**

3. Generates and implements working agreements with other community agencies providing related services to community long term care recipients in the City and County of Honolulu.

**Admissions Unit**

1. Accepts all applications for community long term care; screens applicants; determines eligibility and completes termination and admissions procedures; completes initial assessments, develops preliminary care plans, arranges for services and transfers cases to primary and intensive units for on-going case management.
2. Provides liaison with eligibility and payment units of the branches for concerns related to processing of Form 1240 and with state medical consultants for concerns related to the processing of Form 1147.
3. Collects recipient Medicaid cost share; maintains procedures to account for appropriate dispensation of cost share.
4. Collects and compiles data related to applications and admissions to community long term care services.

**Primary Case Management Unit**

Provides on-going community long term care services to eligible recipients utilizing the primary case management model in the City and County of Honolulu.

**Intensive Case Management Unit**

Provides on-going community long term care services to eligible recipients utilizing the intensive case management model in the City and County of Honolulu.

**Personal Care Unit (P.C. Sub-Unit I & II)**

Maintains a pool of part-time intermittent Licensed Practical Nurses and Community Health Aides I, II, and III to provide personal care services to the chronically ill and disabled recipients of community long term care in their own homes in the City and County of Honolulu.

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**Effective Date** AUG 1 1994

Program Operations Section II

1. Implements and provides community long term care services in the counties of Hawaii, Kauai, and Maui.
2. Monitors and assures compliance with the requirements and federally approved waivers, state contracts, rules and procedures for the provision of community long term care services in the counties of Hawaii, Kauai, and Maui.
3. Generates and implements working agreements with other community agencies providing related services to community long term care recipients in the counties of Hawaii, Kauai, and Maui.

Hawaii, Kauai, and Maui County Units

1. Accepts all applications for community long term care services from residents of the county; screens applications; determines eligibility and completes termination or admission procedures.
2. Provides liaison with branch units to assure completion of all Medicaid eligibility requirements and with the state medical consultants to assure completion of long term care certification requirements.
3. Provides on-going community long term care services to eligible recipients utilizing the primary and intensive case management models.

Non-Medicaid Section

The Non-Medicaid Section of the Community Long Term Care Branch develops and maintains cost-effective home and community-based long term care programs to meet the service of the non-Medicaid target populations authorized by state statute regarding home and community-based services programs.

1. Provides comprehensive array of services to severely or chronically ill and disabled persons of all ages statewide as an alternative to institutional nursing home care; provides ongoing case management as core service and provides or arranges for such program services as personal care, adult day health, emergency alarm response systems, nutritional counseling, home delivered meals, respite, transportation, home modifications, homemaker and nursing

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AUG 1 1994



**ATTACHMENT 1.2-B**

services, respiratory therapy, vision training, and moving assistance as appropriate for each client.

2. Develops program policies and procedures based on plans drafted and approved by CLTCB administration and department administration as necessary.
3. Implements new and expanded non-Medicaid programs based on drafted and approved by CLTCB administration and department administration as necessary.
4. Performs ongoing and periodic evaluation of each program's "success" in meeting program objectives and goals.
5. Monitors the budget and expenditures of the section to assure compliance with state statutory limits and departmental and divisional requirements.
6. Identifies and addresses/resolves any issues that should arise from day to day operations of the program and any problems that could negatively impact the section and/or its clients (as assigned by the administration).
7. Prepares testimony and ADHOC reports as requested by the administration (e.g. Legislative, Executive).
8. Screens and verifies intake information to identify eligible program clients.
9. Establishes a network of referral agencies.
10. Executes provider agreements for service delivery. Procures, monitors and renegotiates service agreement with provider agencies for the provision of services to CLTCB non-Medicaid clients.
11. Maintains applicant waitlist using priority criteria for admissions.
12. Conducts comprehensive health, social, and environmental assessment of all eligible, potential clients and primary caregivers.
13. Develops a comprehensive care plan for each client that includes a combination of any 14 program services, based on needs assessment.

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14. Admits client to program services.
15. Implements the plan for service delivery.
16. Provides ongoing case management services.
17. Maintains individual client budgets by level of care.
18. Schedules and supervises personal care and skilled nursing providers.
19. Monitors ongoing health and social status of client and client support systems.
20. Coordinates 24 hour emergency coverage with on-call Registered Nurse services.
21. Monitors risk management and medical consultation services.
22. Manages data collection, client records, reports and correspondence.
23. Facilitates training programs for recipients and caregivers through appropriate resources.
24. Works closely with Quality Assurance section to develop and implement a system of quality control for each program.
25. Manages overall program operations statewide and complies with applicable state legislation and regulations.
26. Performs public relation duties as requested by the administration, e.g., community meetings, networking with other public/private agencies.

**TN No. 94-014**

**Supersedes**

**TN No. 86-90**

**Approval Date**

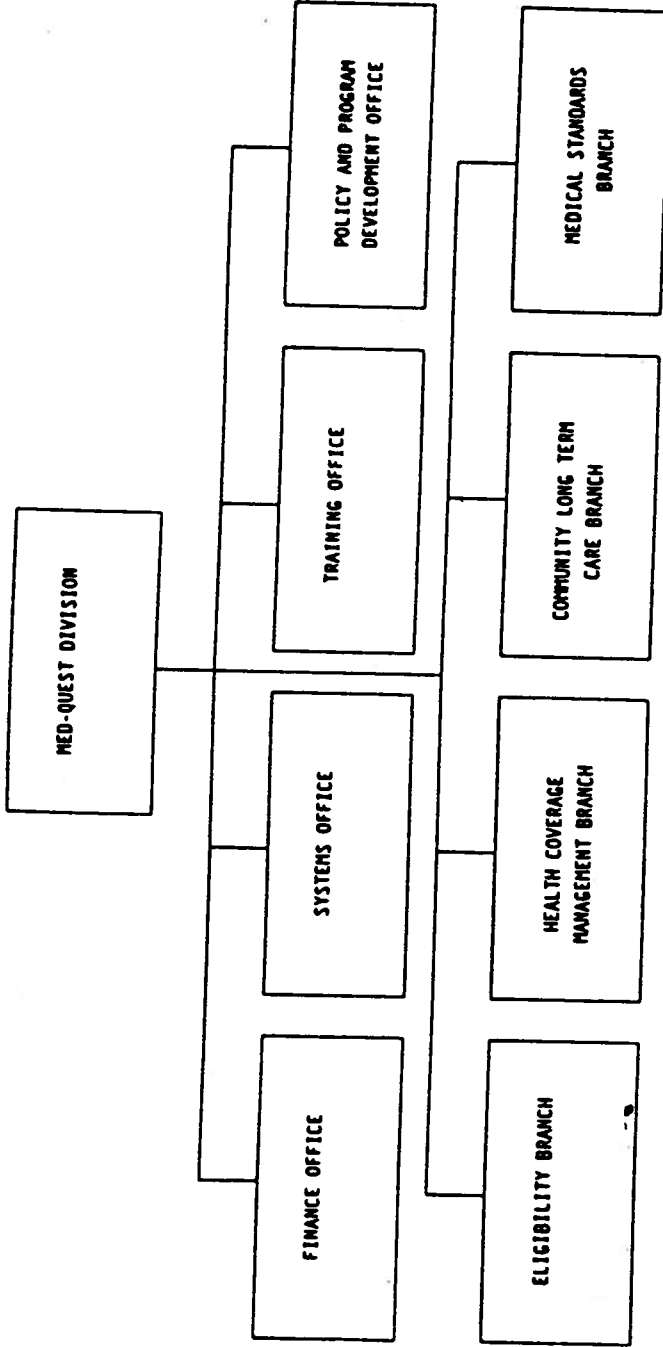
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**Effective Date**

**AUG 1 1994**

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION

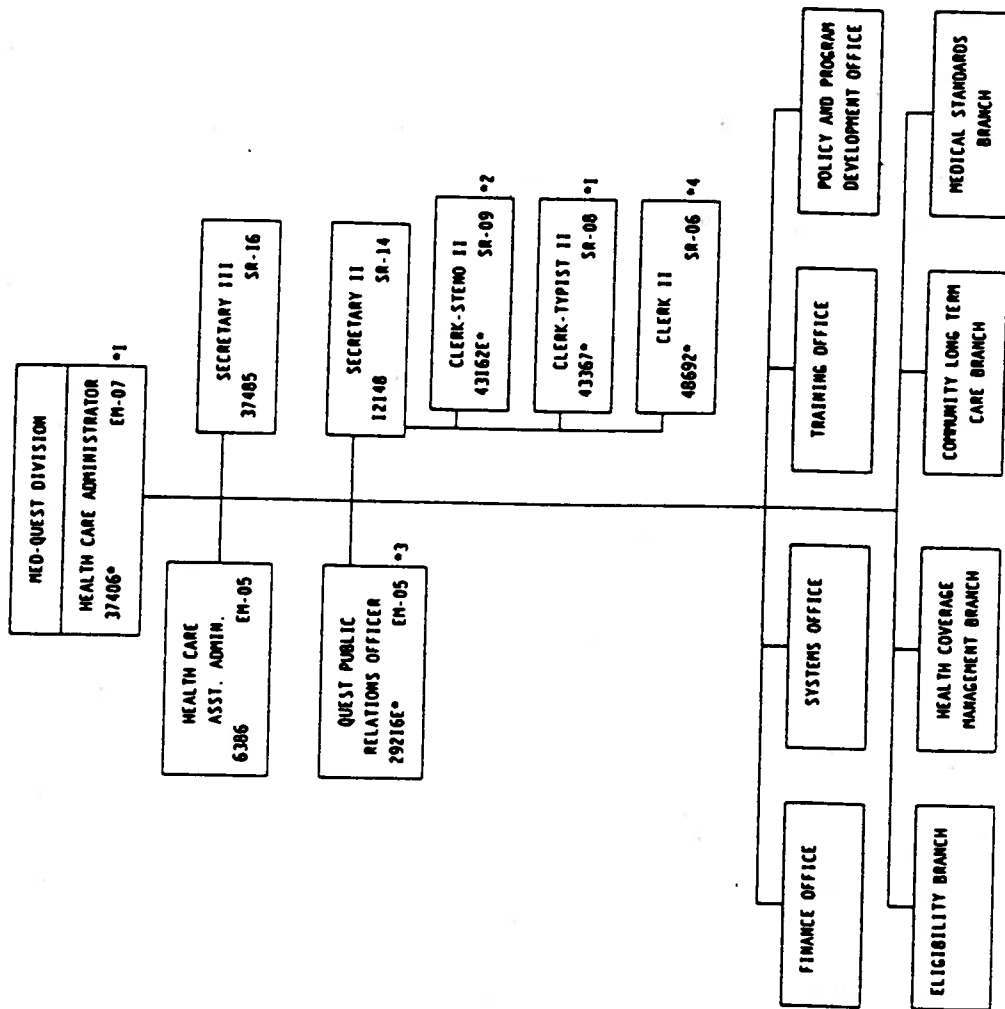
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JAN 11, 1994  
MED-QUEST

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION

POSITION ORGANIZATION CHART



- \*1) TO BE REDESCRIBED
- \*2) TEMPORARY POSITION NTE 6/30/94
- \*3) TEMPORARY POSITION NTE 6/30/96
- \*4) TEMPORARY POSITION NTE 6/30/95

MAY 5, 1994  
MQ - ADM

TN NO. 94-014

Supersedes

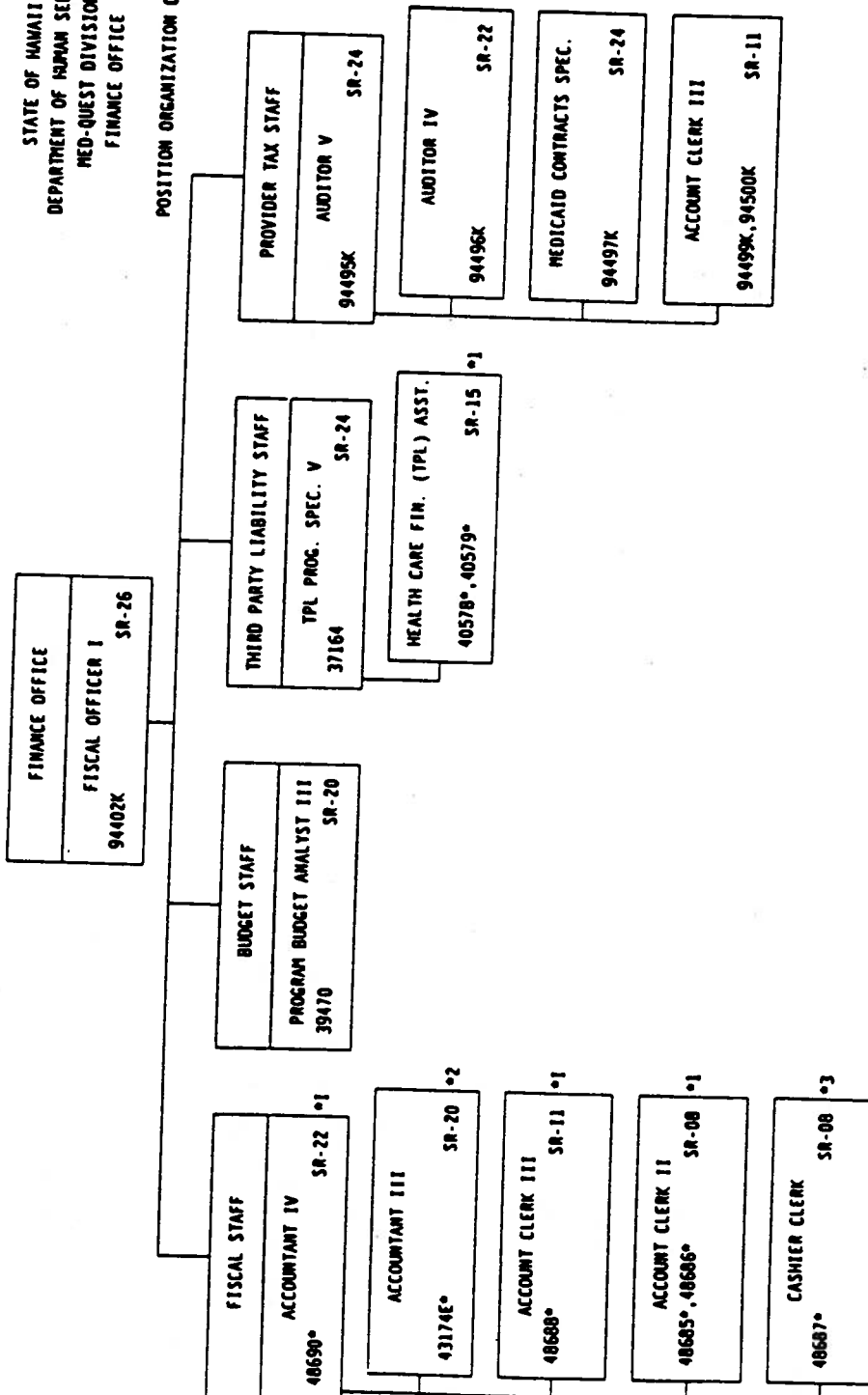
TN No. 86-90

Approval Date DEC 1 1994 Effective Date

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STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION  
FINANCE OFFICE

POSITION ORGANIZATION CHART

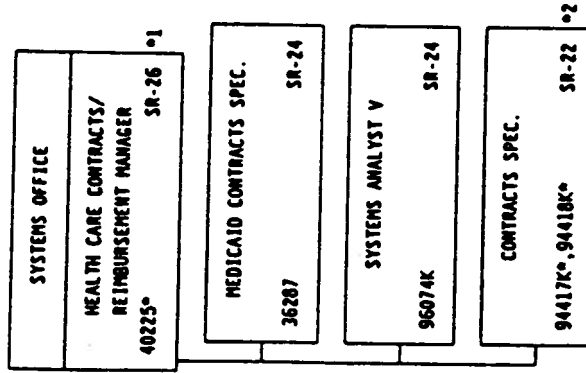


JUL 22, 1994  
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- \*1) TEMPORARY POSITIONS NTE 6/30/95
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STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION  
SYSTEMS OFFICE

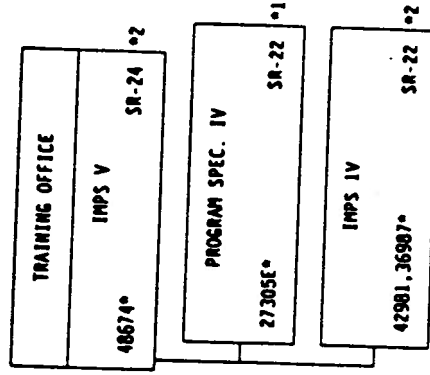
POSITION ORGANIZATION CHART



JAN 10, 1994  
MQ - SO

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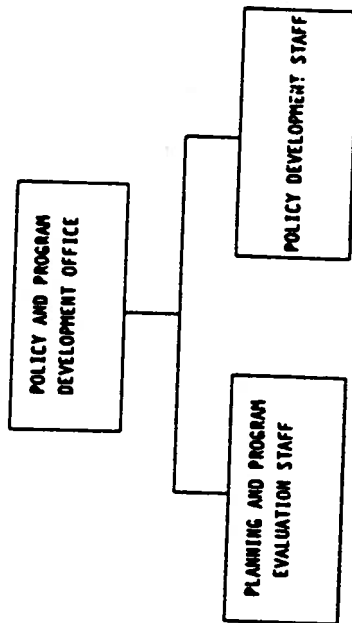
STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION  
TRAINING OFFICE  
POSITION ORGANIZATION CHART



JUL 21, 1994  
MQ-TO

\*1) EXEMPT POSITION  
\*2) TEMPORARY POSITION NTE 6/30/95

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION  
POLICY AND PROGRAM DEVELOPMENT OFFICE  
ORGANIZATION CHART



JAN 11, 1994  
MQ - PPDO

TN No. 94-014

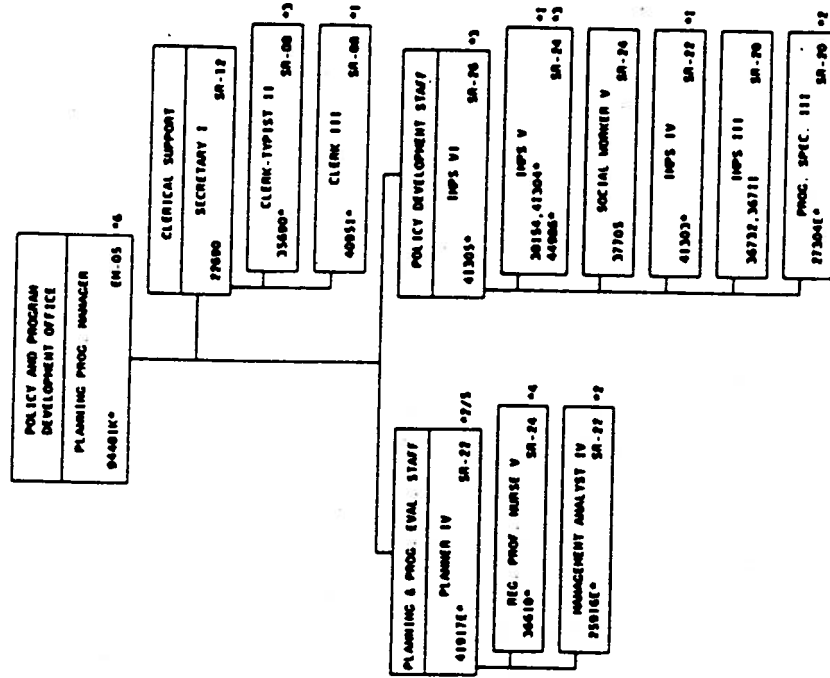
Supersedes

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Approval Date DEC 16 1994 Effective Date AUG 1 1994



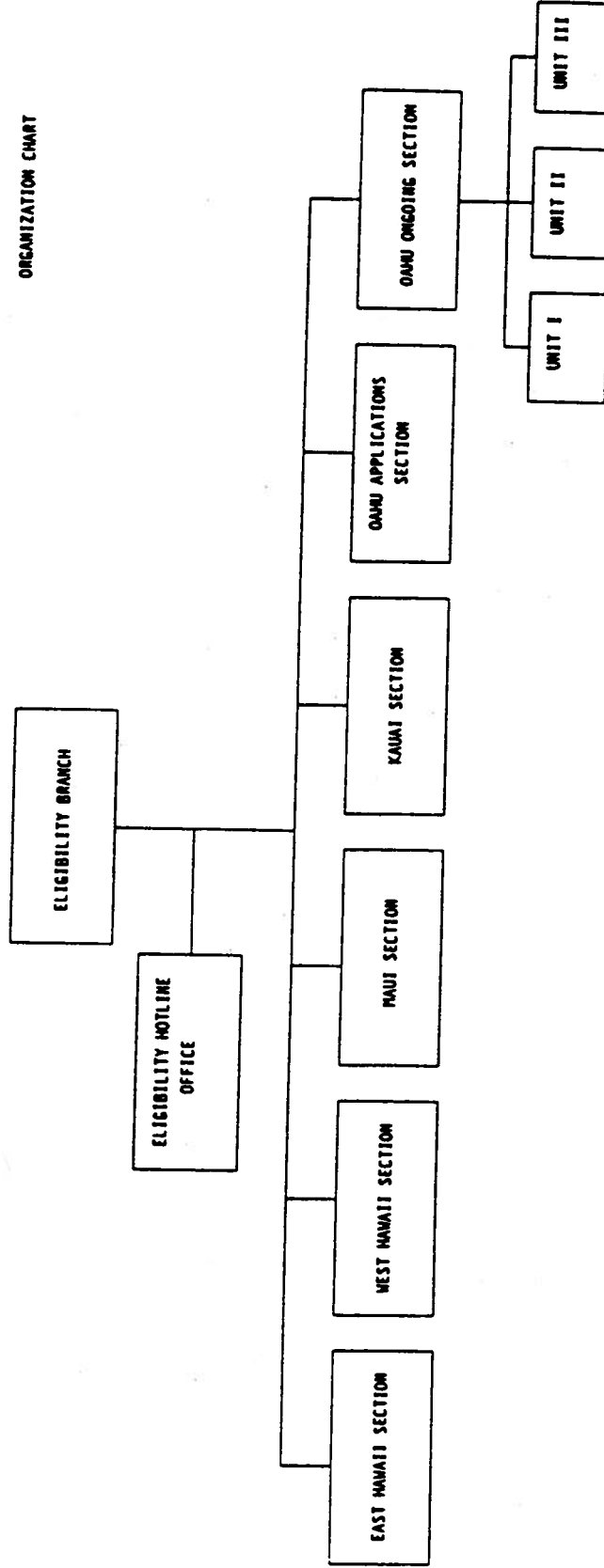
STATE OF MAHARASHTRA  
DEPARTMENT OF MEDICAL SERVICES  
MED-QUEST DIVISION  
POLICY AND PROGRAM DEVELOPMENT OFFICE  
POSITION ORGANIZATION CHART



- \*1) TEMPORARY POSITIONS NTE 9/30/95
- \*2) POSITIONS TO BE REDESIGNED
- \*3) TEMPORARY POSITIONS NTE 4/30/95
- \*4) TEMPORARY POSITIONS NTE 12/31/93
- \*5) TEMPORARY POSITIONS NTE 6/30/96
- \*6) EMPLOY POSITION

MAR 17, 1994  
MQ-PPD02

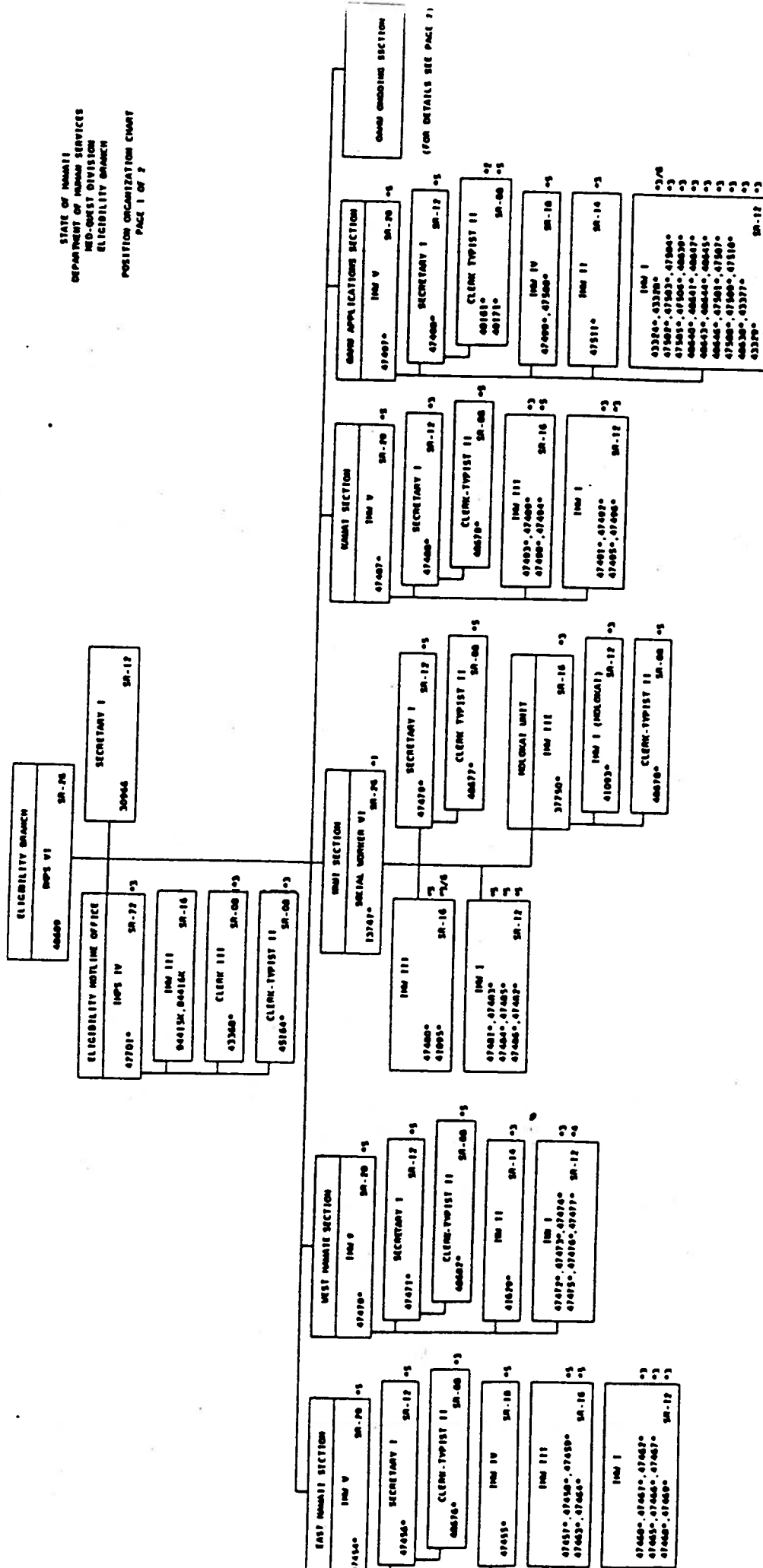
STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION  
ELIGIBILITY BRANCH  
ORGANIZATION CHART



JUL 21, 1994  
MQ-EB

STATE OF MAHARASHTRA  
DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION  
ELIGIBILITY BRANCH

POSITION ORGANIZATION CHART  
PAGE 1 OF 2



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 1901

POSITIONS TO BE REDESCRIBED

1) TEMPORARY POSITIONS W/E 6/30/94

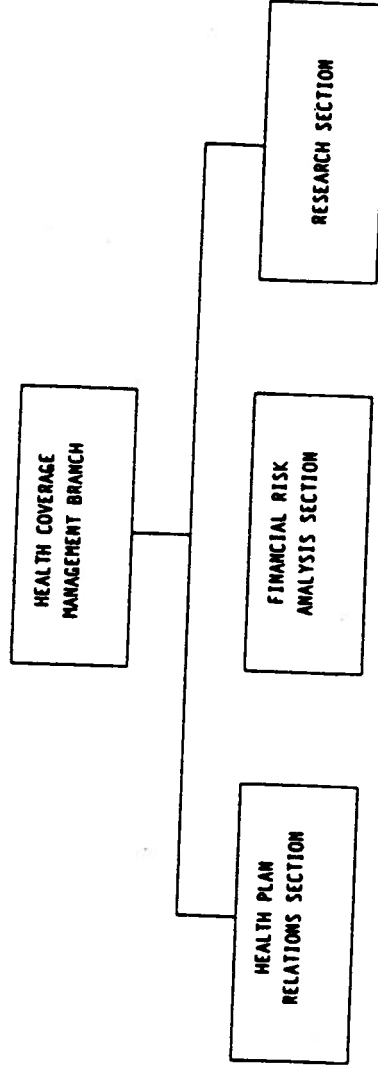
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3) TEMPORARY POSITIONS W/E 6/30/91

4) TEMPORARY POSITIONS W/E 12/31/94

5) POSITIONS DEPLOYED TO FASO W/E 4/30/95

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION  
HEALTH COVERAGE MANAGEMENT BRANCH  
ORGANIZATION CHART



FEB 4, 1994  
MQ - HCMB

TRANSMITTAL # <u>86-10</u>	EFFECTIVE <u>10/1/86</u>
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APPROVED <u>2/4/87</u>	EFFECTIVE _____

Attachment 1.2-C  
Page 1

STATE PLAN UNDER TITLE XIX  
OF THE SOCIAL SECURITY ACT

STAFFING OF HEALTH CARE ADMINISTRATION DIVISION (HCAD)

Described below are descriptions of the kinds and numbers of professional medical and supporting personnel used in the administration of the program and of the responsibilities assigned to each position.

1. Health Care Administrator

This position serves as head of the Health Care Administration Division (HCAD) and is responsible for the administration of the State's medical assistance program funded through Title XIX of the Social Security Administration and the State provisions of Section 346-59, Hawaii Revised Statutes and other related statutes.

The Health Care Administrator is responsible for planning, organizing, directing, coordinating, evaluating and maintaining a system of medical and related health services to eligible recipients of the Department of Social Services and Housing's medical assistance program. The position provides overall leadership to personnel of the division, seeks support from other departmental offices, and obtains cooperation from other state agencies, providers and recipient population.

2. Assistant Health Care Administrator

This position serves as first assistant to the Division Administrator and shares in most of the responsibilities of the Administrator. Some of the key responsibilities which may be assigned to the Assistant Administrator include legislative coordination, planning, operations administration, training and personnel appeals, academic and research coordination, provider and community relations and other public contacts.

3. Medical Financial Analyst

This position operates out of the Office of Division Administration and is responsible for the budgeting and expenditures of the health care program. Responsibilities include budget and expenditures analysis, projecting trends and developing strategies to deal with anticipated and unanticipated financial crises. Maintains close working relationship with branch administrators and advising them of

fiscal issues impacting various programs; works with departmental budget and planning offices in areas of mutual concerns and advising the Division Administrator.

4. Policy and Program Development Branch Administrator

The Policy and Program Development Branch Administrator (P&PDA) is responsible for the policy and program development relating to recipient eligibility; training evaluation and field services to eligibility and other line operations; eligibility corrective action; Supplementary Medical Insurance Buy-in, Early Periodic Screening Diagnostic Treatment (EPSDT); Health Maintenance Organization (HMO) and other Prepaid Health Programs (PHP); mental health program; and other scope and content of Medicaid services not assigned to other branches.

The P&PDA is also responsible for the development, maintenance and coordination of the Medicaid State Plan, rules and regulations, inter-divisional agreements relating to eligibility policy implementation, coordination and participation of all HCAD personnel in in-service and out-service training activities.

The above branch responsibilities are carried out by the following professional and support personnel assigned to the branch:

- a. Medicaid Program Specialist  
(Five full-time social workers)
- b. Income Maintenance Program Specialist IV  
(Three full-time Income Maintenance Supervisory Personnel)
- c. Registered Professional Nurse VI  
(One full-time)
- d. Registered Professional Nurse IV  
(One full-time)
- e. Support Service Personnel
  - 1) Clerk-Stenographer III (One FTE)
  - 2) Clerk-Typist II (One FTE)
  - 3) Clerk-Typist I (One FTE)
  - 4) Clerk III (Two FTE)

TRANSMITTAL # <u>8i 10</u>	EFFECTIVE <u>10/1/86</u>
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APPROVED <u>02/4/87</u>	EFFECTIVE

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REC'D NO _____	SUPERSEDED BY TRANS # _____
APPROVED <u>2/4/87</u>	EFFECTIVE _____

5. Financial and Contract Administration Branch Administrator

The Financial and Contract Administration Branch Administrator (F&CA) is responsible for contract procurement, enrollment, monitoring and renewal of health care providers, provider relations, institutional and non-institutional reimbursement policies and methodologies, procurement and monitoring of the fiscal agent agreement, administration and monitoring of the MMIS as well as administration of the third party liability recovery program. A major responsibility includes the monitoring of the fiscal agent activities including the efficient operation of the claims processing and Medicaid Management Information System (MMIS).

The above branch responsibilities are carried out by the following professional and support service personnel assigned to the branch:

a. Medical Contract Specialist

(Three full-time equivalent) These specialists are responsible for reimbursement, general contract maintenance and fiscal agent monitoring.

b. Third Party Liability Developer

(One FTE)

c. TPL Program Specialists - (Anticipated)

(Two FTE)

d. MMIS Program Specialist

(One FTE) Responsible for the systems development, coordination and monitoring.

e. Provider Relations Specialist - (Anticipated)

(One FTE)

e. Support Service Personnel

- 1) Clerk-Stenographer II (One FTE)
- 2) Clerk-Typist II (One FTE)
- 3) Clerk III (One FTE)

6. Quality Assurance Branch Administrator

The Quality Assurance Branch Administrator (QAA) is responsible for the conduct, review and evaluation of health

care utilization in institutional and non-institutional settings; inspection of care (IOC) and determination of appropriate levels of care; coordination of the Surveillance Utilization Review System (SURS) and the operation of the program integrity lock-in and provider lock-out programs. The branch is also responsible for the development of rules and implementing policies and procedures relating to long-term institutional care and quality control requirements.

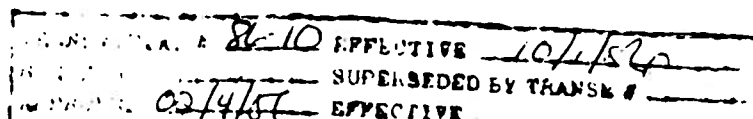
The above branch responsibilities are carried out by the following professional and support personnel assigned to the branch:

- a) Registered Professional Nurse V  
(Four full-time equivalents)
- b) Social Worker IV  
(Two FTE)
- c) Investigator IV  
(One FTE)
- d) Support Service Personnel
  - 1) Clerk-Stenographer II (One FTE)
  - 2) Clerk-Typist I (One FTE)

7. Health Care Authorization Branch Administrator

The Health Care Authorization Branch Administrator (HCAA) is responsible for the provision of health care authorization and consultant services in the area of medicine, psychiatry, dentistry, pharmacy and other related health care services covered under the medical assistance program. The administrator is responsible for the provision of reviewing and determining applicants referred for disability and on-going need for disability redetermination. Personnel under the administrator's jurisdictions are assigned to accompany provider review teams, conduct pre- and post-payment claims review of exceptional and complicated services and serve as consultant to other HCAD personnel.

The above branch responsibilities are carried out by the following professional and support personnel assigned to the branch:





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- a. Medical Consultants  
(Three FTE which include the branch administrator)
  - b. Psychiatric Consultant  
(One Part-time psychiatrist)
  - c. Dental Consultant  
(One Part-time dentist)
  - d. Pharmacy Consultant  
(One Part-time pharmacist)
  - e. Registered Professional Nurse V  
(One FTE)
  - f) Social Worker IV  
(One FTE)
  - g) Support Service Personnel
    - 1) Clerk-Typist II (One FTE)
    - 2) Clerk III (Two FTE)
8. Community Long-Term Care Branch Administrator

The Community Long Term Care Branch Administrator (CLTCA) is responsible for the overall management of the Community Long Term Care Branch which develops and provides home and community-based alternatives to institutional care on a statewide basis.

The administrator is responsible for the short and long range planning, standard setting, developing, implementing, monitoring, evaluating and conducting research on these programs and services.

Specifically, the branch is responsible for providing Nursing Home Without Walls Demonstration Project and Personal Care services, either directly or under contract with other providers; for training paraprofessional health care workers; for providing oversight and monitoring functions for Queen's Medical Center's Community Care Program contract, and Waimano Training School and Hospital's Community-Based Care for the Mentally Retarded contract; and for developing waivers and contracts for related community-based care programs.

The above responsibilities are carried out by the following professional and support personnel assigned to the branch:

a. Administration

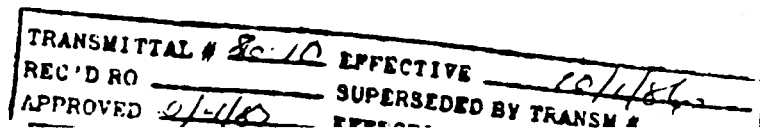
- 1) Registered Professional Nurse VI (One FTE)
- 2) Program Specialist V (Two FTE)
- 3) Education/Training Specialist V (One FTE)
- 4) Program Specialist IV (One FTE)
- 5) Secretary I (One FTE)

b. Program Operation Section I

- 1) Program Specialist V (One FTE)
- 2) Registered Professional Nurse V (Four FTE)
- 3) Registered Professional Nurse IV (Eight FTE)
- 4) Social Worker IV (One FTE)
- 5) Social Worker III (Four FTE)
- 6) Income Maintenance Worker III (One FTE)
- 7) Social Service Aide III (Five FTE)
- 8) Community Health Assistant V (Two FTE)
- 9) Clerk IV (Two FTE)
- 10) Clerk III (Two FTE)

c. Program Operation Section II

- 1) Program Specialist V (One FTE)
- 2) Registered Professional Nurse V (Three FTE)
- 3) Registered Professional Nurse IV (Three FTE)
- 4) Social Worker III (Three FTE)
- 5) Social Service Aide III (Three FTE)
- 6) Clerk-Typist II (Three FTE)



d. Office Services

- 1) Office Manager II (One FTE)
- 2) Clerk-Steno II (One FTE)
- 3) Clerk-Typist II (Three FTE)
- 4) Clerk III (Three FTE)

TRANSMITTAL # <u>8570</u>	EFFECTIVE <u>10/1/82</u>
RECEIVED BY <u>2/4/85</u>	SUPERSEDED BY TRANS # <u>8</u>
	EFFECTIVE

DESCRIPTION OF STAFF MAKING ELIGIBILITY DETERMINATIONS

Income Maintenance Worker I

The incumbent of this position conducts initial determinations and eligibility reviews through a process of fact-finding, evaluation of social and economic information, and application of various program policies to the case situation; the worker provides information and educates clients regarding agency policies and procedures and the clients' rights and responsibilities; the worker assists the client in identifying/articulating social problems and makes appropriate referrals, guiding the client in utilizing various services provided by other public or private agencies; the worker utilizes principles of good caseload management to insure that benefits are issued correctly and expeditiously. To carry out these functions, the incumbent functions in a trainee capacity, with instructions, guidance, and on-the-job training provided by the supervisor; assigned cases are generally of the less complex type, i.e., more stable family conditions, regular income, fewer categorical/program requirements, etc.; and case actions are reviewed closely by the supervisor.

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APPROVED	2/4/87	EFFECTIVE	

Income Maintenance Worker II

The incumbent of this position conducts initial determinations and eligibility reviews through a process of fact-finding, evaluation of social and economic information, and application of various program policies to the case situation; the worker provides information and educates clients regarding agency policies and procedures and the client's rights and responsibilities; the worker assists the client in identifying/articulating social problems and makes appropriate referrals, guiding the client in utilizing various services provided by other public or private agencies; the worker utilizes principles of good caseload management to insure that benefits are issued correctly and expeditiously. To carry out these functions, the worker must establish positive relationships with clients and must relate sensitively to people of various social, economic, and cultural backgrounds who are in social or financial distress; the worker must communicate effectively and remain objective, tolerant, and patient at all times. The worker must be knowledgeable of agency policies, the philosophical basis of these various programs and community and agency resources and services. The incumbent participates in formulating unit objectives based on agency program goals, resources, and constraints, and works toward meeting these objectives in accordance with established plans and procedures.

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Income Maintenance Worker III

The incumbent of this position conducts eligibility reviews/initial determinations of eligibility through a process of intensive fact-finding, evaluation of social and economic information, and application of various program policies and regulations and eligibility requirements to the individual case situation; the incumbent provides information and educates clients/applicants regarding agency policies and procedures and the clients' rights and responsibilities; the incumbent assists the client in identifying/articulating social problems and makes appropriate referrals, guiding the client in utilizing various services provided by other public or private agencies; the incumbent utilizes principles of good caseload management to insure that benefits are issued accurately and expeditiously.

The incumbent's assigned caseload consists of more difficult and complex cases that have been preseggregated to entail a combination of factors such as households with split categories; ownership of property if it is a factor in determining eligibility; applicants/recipients with emotional/psychiatric/personality problems and/or who are illiterate, mentally retarded or otherwise present extreme communication problems; irregular/frequently changing income from self-employment, intermittent jobs, etc. To carry out the functions of this consistently more complex caseload, the incumbent is required to possess a higher degree of skill and knowledge in human behavior; to be able to deal with more complex human relationships and remain objective, tolerant and patient at all times when interacting with clients/applicants who may be manipulative, hostile, withdrawn, disoriented, chronically ill, and/or mentally unstable; a higher degree of skill in interviewing techniques to be able to establish positive relationships and communicate sensitivity, but effectively with people of various social, economic and cultural backgrounds.

The incumbent participates in formulating unit objectives based on agency program goals, resources and constraints, and works toward meeting these objectives in accordance with established plans and procedures. The incumbent performs a wide and varied range of responsibilities requiring independence, initiative and sound judgment and is required to be temporarily assigned as supervisor during supervisor's planned vacation and prolonged absence.

TRANSMITTAL # <u>86-10</u>	EFFECTIVE <u>10/17/86</u>
REC'D NO <u>2/4/87</u>	SUPERSEDED BY TRANSM # <u>      </u>
APPROVED <u>2/4/87</u>	EFFECTIVE <u>      </u>